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22442 7590 03/08/2004

SHERIDAN ROSS PC
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 DENVER, CO 80202



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Constance Robnett (Depositor's name)
 Constance Robnett (Signature)
 27 May 2004 (Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/040,572	01/04/2002	Ian C. Bathurst	4147-23-1	4808

TITLE OF INVENTION: AQUEOUS ANTI-APOPTOTIC COMPOSITIONS

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES	\$665	\$300	\$965	06/08/2004

EXAMINER	ART UNIT	CLASS-SUBCLASS
FLOOD, MICHELE C	1654	424-757000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

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2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1. Sheridan Ross P.C.
 2. _____
 3. _____

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(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Sky High, LLC

Evanston, Illinois

Please check the appropriate assignee category or categories (will not be printed on the patent); ☐ individual ☒ corporation or other private group entity ☐ government

4a. The following fee(s) are enclosed:

☐ Issue Fee☒ Publication Fee☒ Advance Order - # of Copies 10

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☒ A check in the amount of the fee(s) is enclosed.☐ Payment by credit card. Form PTO-2038 is attached.☒ The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 19-1970 (enclose an extra copy of this form).

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ROBERT D. TRAVER

27 MAY 2004

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06/02/2004 CNGUYEN1 00000193 10040572

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 02 FC:1504
 03 FC:8001

665.00 OP
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